

THE BIRABI MEMORIAL GRAMMAR SCHOOL ALUMNI ASSOCIATION, INC.

MEMBERSHIP APPLICATION FORM

P. O. Box 127

Sugar Land • Texas 77487 • USA

Email: bmgsalumniassociation@gmail.com



Shine The Light

MEMBER'S INFORMATION				
Title (Select only one)	First Name	Middle Initials	Last Name (Surname)	Class of
<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.				
<input type="checkbox"/> Chief <input type="checkbox"/> Dr. <input type="checkbox"/> Prof.				
<input type="checkbox"/> Attorney <input type="checkbox"/> Rev.				
Home Town:				
CONTACT/MAILING ADDRESS				
Street Address:				
City:		ZIP/Mailing Code (if any):		
State:		Country of Residence:		
Primary Mobile Phone Number		E-Mail Address		
FAMILY INFORMATION				
Title	Spouse's First Name	Middle Initials	Last Name (Surname)	
<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.				
<input type="checkbox"/> Chief <input type="checkbox"/> Dr. <input type="checkbox"/> Prof.				
<input type="checkbox"/> Attorney <input type="checkbox"/> Rev.				
Mobile Phone:		E-mail:		No. of Children:
Child's Name (in order of birth right)	Child's E-mail or Mobile Phone Number	Gender (M or F)	Marital Status	
1.				
2.				
3.				
4.				
5.				
6.				
MEMBER'S FINANCIAL OBLIGATIONS				
Non-Refundable Application Fee ⁺		Quarterly Dues ⁺⁺		
<input type="checkbox"/> \$50.00 or Equivalent [Per Member in Diaspora] <input type="checkbox"/> N5,000 [Per Member in Continental Africa]		<input type="checkbox"/> \$50.00 or Equivalent [Per Member in Diaspora] <input type="checkbox"/> N5,000 [Per Member in Continental Africa]		
DECLARATION OF INTENT AND SIGNATURE				
I certify the veracity of the information provided on this form, and pledge to abide by the provisions of the Constitution and Bylaws of the BMGS Alumni Association, Inc.				
Signature:			Date:	
⁺ This non-refundable application fee is required with the submission of your membership application form. However, this form, upon completion, can be sent directly to the Secretary through either of the above addresses (mail box or email); while separately making the payment directly to the Association's bank account or mailing your check directly to the Treasurer . Upon non-acceptance, the application fee will not be refunded.			⁺⁺ Upon acceptance of your membership, you will be expected to remit your quarterly dues at the end of the following months: November, February, May and August. Annual Total Dues: ⇨ \$200.00 (USA and Diaspora foreign equivalent) ⇨ N20,000.00 (Continental Africa)	